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| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  |   |   |  |                    |                             |                        |  |  |  |
|--|---|---|--|--------------------|-----------------------------|------------------------|--|--|--|
| I hereby appoint:  |   |   |  |                    |                             |                        |  |  |  |
| Practitioners associated with the Customer Number:   |   |   | 72960  |                    |                             |                        |  |  |  |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents |   |   |  |                    |                             |                        |  |  |  |
| any and all<br>attached to   | patent applications a                   | assigned <u>only</u> to the undersiga<br>nce with 37 CFR 3.73(b). | ned according to the   | e USPTO assignment | records or assignment       | documents              |  |  |  |
| attached to this form in accordance with 37 CFR 3.73(b).   |   |   |  |                    |                             |                        |  |  |  |
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| Assignee N   | lame and Address:                       |   |  |                    |                             |                        |  |  |  |
| Promega  | Corporation                             |   |  |                    |                             |                        |  |  |  |
| 2800 Woods Hollow Road   |   |   |  |                    |                             |                        |  |  |  |
| Madison, Wisconsin 53711-5399  |   |   |  |                    |                             |                        |  |  |  |
| A copy of  | this form, togeti                       | ner with a statement und  | er 37 CFR 3.73(k   | ) (Form PTO/SB/96  | 6 or equivalent) is m       | equired to be          |  |  |  |
| filed in ea  | ch application in                       | which this form is used   | . The statement  | under 37 CFR 3.73  | 3(b) may be complet         | ted by one of          |  |  |  |
|  |   | d in this form if the appo<br>ication in which this Pov           |  |                    | act on behalf of the        | assignee,              |  |  |  |
| and must identify the application in which this Power of Attorney is to be filed.  SIGNATURE of Assignee of Record   |   |   |  |                    |                             |                        |  |  |  |
| The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  |   |   |  |                    |                             |                        |  |  |  |
| Signature  | her. l.                                 | U 2 L   | 2-1-1  |                    | Date 11-16-&                | 010                    |  |  |  |
| Name   | o certain                               | Randall L. Dimond   |  |                    | Telephone $\omega 08$ – $6$ | 177-2517               |  |  |  |
| Title  | Vice President, Chief Technical Officer |   |  |                    |                             |                        |  |  |  |

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. This rollection is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| I hereby a  |  |  |                                       |                     |          |  |  |  |  |
| <b>√</b> Prac   | Practitioners associated with the Customer Number: |  | 72960                                 |                     |          |  |  |  |  |
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| Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):   |  |  |                                       |                     |          |  |  |  |  |
|   | Nam <del>e</del> E                                 |  | Name                                  | Registration        | n        |  |  |  |  |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). |  |  |                                       |                     |          |  |  |  |  |
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| Telephone   |  |  | Email                                 |                     | $\dashv$ |  |  |  |  |
|   |  |  | - John-                               |                     | $\Box$   |  |  |  |  |
| Assignee N  | ame and Address:                                   |  |                                       |                     |          |  |  |  |  |
| •   |  |  |                                       |                     |          |  |  |  |  |
| Promega Corporation 2800 Woods Hollow Road  |  |  |                                       |                     |          |  |  |  |  |
| Madison, Wisconsin 53711-5399   |  |  |                                       |                     |          |  |  |  |  |
|   |  |  |                                       |                     |          |  |  |  |  |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of  |  |  |                                       |                     |          |  |  |  |  |
| the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,  |  |  |                                       |                     |          |  |  |  |  |
| and must identify the application in which this Power of Attorney is to be filed.   |  |  |                                       |                     |          |  |  |  |  |
| SIGNATURE of Assignee of Record  The individual whose signature and title is supplied below is authorized to act on behalf of the assignee  |  |  |                                       |                     |          |  |  |  |  |
| Signature   | Jeanle Ith   |  | Date                                  | 11 11 0 15          | _        |  |  |  |  |
| Name  | Randall L. Dir                                     | mond   | Teler                                 | phone (0/08-277-25) | 7        |  |  |  |  |
| Title Vice President, Chief Technical Officer   |  |  |                                       |                     |          |  |  |  |  |
| This collection of information is required by 27 CER 131, 4.32 and 1.33. The information is required to obtain or retain a henefit by the number which is to file (and  |  |  |                                       |                     |          |  |  |  |  |

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